
Government of the District of Columbia



Child and Family Services Agency

Testimony of
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Director

“FY 07-08 Oversight Hearing”

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Tommy Wells, Chair
Council of the District of Columbia

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Good afternoon, Chairman Wells and members of the District Council Committee on Human Services. I'm Sharlynn Bobo, Director of the DC Child and Family Services Agency. I come before you today to present an overview of CFSA performance achievements and challenges during the past year.

I last came before you to answer questions regarding CFSA's role in the tragedy involving the untimely deaths of four young people: Brittany Jacks, 16; Tatianna Jacks, 11; N'Kiah Fogle, 6; and Aja Fogle, 5. This tragic loss of life has deeply affected all of us: family and friends of the four children and their mother, citizens of the District of Columbia and the nation who became aware of this family only because of these terribly sad circumstances. The employees of CFSA are also among those who mourned for those children. As professionals whose primary purpose is to keep children safe, we too share in the community's collective sense of having failed these children, this family. On behalf of the agency, I want to again express to the Jacks and Fogle families our profound sorrow for their loss. The deaths of these children have provided a sobering lesson for CFSA, one that will spur both short- and long-term changes within the agency.

Across the United States, child fatalities involving the abuse or neglect of a child or children generally heighten community awareness, and typically lead to a surge in demand for services from the child welfare system. That result has certainly occurred here. Since the deaths of the Jacks and Fogle children were first reported in mid-January, calls to the CFSA child safety Hotline have increased four-fold; investigations of child abuse and neglect have tripled, and the number of children we've removed from unsafe circumstances has doubled over the last five or six weeks. If this upsurge continues, we expect the local child welfare caseload to rise over the next few months, reversing the trend of the last several years.

I'd like to share some of our immediate responses to this increased demand. Our most critical objective has been to be able to quickly increase Child Protective Services (CPS) staff to handle the workload. With the support of the AFCSME, the union that

represents front-line staff, we've made a number of internal adjustments to handle the increased workload, including detailing social workers and others who were not carrying cases to CPS. They are assisting with answering the Hotline, conducting investigations, tracking data and generally supporting CPS activities during the day, when the demand is the highest. We also solicited and received volunteers from across the agency to assist outside of their regular work hours, and are exploring the use of contracted social workers as well. We've also increased the number of material supports available to CPS social workers, including cars and vouchers for emergency supports for families. We have just about completed emergency policy updates and changes that we believe will strengthen CPS practice; initiated a technical assistance engagement with the federal National Resource Center for CPS; worked with the Unified Communications Center to enhance our answering system; and identified a trainer and curriculum for intensive retraining of Hotline workers (to be delivered next month). The Healthy Families Thriving Communities have also initiated an Early Response program to assist us both to quickly provide services to families during investigations and to help us gain access to them, if known to the collaboratives. We also expect the collaboratives to expand the community education activities they provide throughout the community each March, National Child Abuse and Neglect Prevention Month.

Through the auspices of the national Casey Family Programs, the Child Welfare League of America assisted us to rapidly complete a review of the 309 investigations closed in 2007 as incomplete. As a result, we immediately referred four cases back to CPS for re-investigation, and are undertaking a second-level review of another 70 cases for potential follow-up as well. We expect to make our findings public sometime in March, after the final report has been completed.

In the longer term, CFSA remains deeply involved in child welfare reform. Necessary adjustments to accommodate the recent sharp upsurge in demand for services will delay – but not derail – our overall progress. From this experience, we have learned more about some vulnerable areas of practice already on our agenda, and we have put

corrective actions in those areas on a fast track, even as we work toward regaining stability.

Child Welfare in Perspective

At any time, but especially in the wake of this unprecedented local tragedy, context is critical. It's important to place this discussion of CFSA performance in context by emphasizing three important facts about local child welfare.

- First and foremost, the work of child welfare is based in deeply-held values: the importance and worth of keeping children safe from harm; strengthening their families so that they can adequately care for them; furthering the healthy development of those children and youth; and ensuring that every child is part of a permanent family. Permanent homes can be with birth parents or extended family, with a legal guardian, with a new forever family through adoption, or through life-long connection with caring adults.
- Second, since 2001, the District has pursued an aggressive program of child welfare reform with the sole purpose of achieving positive outcomes more promptly and consistently for more of the children and families we serve. The main thrusts of local reform are: to **establish and strengthen the community-wide safety net** for abused, neglected and at-risk children; to **provide consistent, quality casework** and **expand the array of quality services** available to children and their families, and to **ensure that children and teens have permanent homes**.
- Third, available evidence continues to demonstrate that local child welfare reform is succeeding. Prevention investments continue to increase and contribute to the prevention of reduction of child abuse and neglect; a range of health, psycho-educational and therapeutic services to support families and children have increased; casework has improved as social worker caseloads have been reduced to appropriate levels; more investigations are initiated and completed

timely; and children are safely returning home or permanently becoming members of families through adoption or guardianship sooner. Our transformation of local child welfare reform is not finished, however. We are neither complacent nor satisfied with our progress, however. We continue to work hard to strengthen practice in vulnerable areas and achieve the outcomes we desire for children and families.

Child Perspective on CFSA Performance

To achieve positive outcomes more promptly and consistently for more of the District residents we serve, CFSA works with one child and one family at a time. This work is personal, imbued with powerful opportunities to help that depend on the quality and effectiveness of casework tailored to the individual needs of the child, and also fraught with perils due to the delicacy of engaging families in crisis. Thus, a meaningful way to look at CFSA performance is through the experience of children entering the system today, highlighting both where we make a clear, positive difference and where we need to improve.

Reports/Investigation: Reports to the Hotline are the gateway to protection for child victims and those at risk. CFSA takes reports around the clock and investigates allegations that match definitions of child abuse and neglect in the DC Code. In 2007, CFSA received an average of 634 calls to the hotline per month and opened 388 investigations a month, on average.

- When we accepted a report for investigation, we responded promptly. In December 2007, Child Protective Services initiated 92% of investigations within 48 hours.
- Most children met with and had the opportunity to tell their story to an investigative social worker outside the presence of their parents.
- We continue to work on achieving a balance between investigative speed and quality. This includes aggressively contacting and interviewing parents, all children, the alleged maltreater, and other key sources of information within the mandated 30 days.

Risk/Removal Decisions: Key decision points in every investigation are determining the level of risk of abuse or neglect to the children and what CFSA needs to do to protect them.

- Investigating social workers routinely used a standardized tool to assess the level of risk to children. In 2007, CFSA referred 395 families with children at low to moderate risk to the Healthy Families/Thriving Communities Collaboratives. These families had the opportunity to receive a variety of helpful services in their communities without entering the child welfare system.
- For families with children at high risk, CFSA opened cases and made the critical judgment to serve the family in their home or to remove the children for their safety. At the end of FY07, CFSA was monitoring about 2,000 children in their homes and serving about 2,300 in out-of-home care. Throughout the year, an average of 42 children and youth entered foster care each month.

In-Home Cases: In 2006, CFSA's periodic Quality Service Reviews indicated a need to improve our services to families at home. In response, we dedicated some units of social workers to in-home cases, which led to performance improvements in 2007.

- Fully 93% of families had a case plan, which guides their progress in reducing the risk of abuse and neglect to their children.
- Safety of children at home increased because we made significant progress in regularly monitoring them. Seventy percent of families were visited twice per month by their social workers, an increase of 36% between January and October 2007. By the end of the fiscal year, 80% of families had received one visit in the month. In January of 2008, 89% of families were visited at least once by their social worker, and 81% were visited two times or more.

While moving steadily in the right direction, we continue to focus on increasing both the frequency and quality of visits—and on adopting a truly family-centered approach to working with clients at home.

Out-of-Home Care Cases: Children and youth who endure the trauma of removal from their birth homes need and deserve increased safety and well being in out-of-home care. CFSA continues to improve these critical factors for the children and youth we serve.

- In 2007, 96% of children received a medical screening before entering care. In the latter part of the year, this took place at a community-based clinic dedicated to treating CFSA children and youth.
- Three-quarters of foster children resided in licensed family settings with relatives or foster parents. Our regular Quality Service Reviews indicate that the vast majority had nurturing caretakers who kept them safe.
- Within 48 hours of a removal, CFSA now gathers the child's parents, relatives, friends, and other supporters for a Family Meeting. It engages extended family in supporting the child and empowers them to mobilize their own protective resources, along with prompt services from the system. The result is a case plan that represents family agreement to accept services and take independent action in the child's best interest. In 2007, 96% of children in out-of-home care had a case plan stemming from a Family Team Meeting or from leadership of the social worker with the child's service team.
- CFSA made progress in regularly visiting children and youth in care—and continues to work to increase visits. Weekly social worker visits to children in the first four weeks of placement reached a high of 77%. At the end of FY 07 84% of children in continuous placement had two visits a month from their social workers, and 89% had one visit. In January 2008, 97% of children were visited at least one during the month, and 92% were visited two or more times.
- The number of regular visits between parents and social workers, parents and children in care, and siblings in care has increased—but not enough. Enhancing both the frequency and quality of these visits is a high priority, along with ensuring full medical and dental evaluations of all children and youth within 30 days of placement.

Permanence: In addition to safety and well being, CFSA's main mission is to move children and youth from the transience of foster care to permanence as quickly as possible.

- Between October 2006 and the end of December 2007, 300 children returned home to their parents, 133 entered legal guardianship, and 128 were adopted. Another 177 young adults aged out of care.
- We are also seeing evidence of reduced length of stay. In 2007, fully 74 percent of children who exited care did so within two years of initial entry. While two years is a long time in the life of a child, this represents significant progress from the past when far too many children languished and grew up in foster care.

Federal Perspective on District Child Welfare Performance

A final, important perspective on local child welfare performance comes from the U.S. Department of Health and Human Services' Children's Bureau, which released its report on the District's second Federal Child and Family Services Review on January 30. Their intensive, weeklong review in July 2007 looked at the citywide child welfare network through examination of 65 case records and hundreds of interviews with families, social workers, service providers, and other stakeholders. Federal reviewers drew the random sample of child welfare cases from the period of April 2006, through June 2007. They use this same approach in evaluating child welfare performance cyclically in all 50 states.

Federal reviewers, several of whom participated in CFSA's initial CFSR in 2000, repeatedly commented during the review and at the exit conference on the significant improvement evident in District child welfare. Reviewers found that the District is meeting 100 percent of national standards for child welfare systems. In the District's first CFSR in 2001, the city met standards in only four of these seven systemic factors. The District is also performing above 80 percent on four of the seven national standards regarding positive outcomes including:

- Children receiving services to meet educational needs (88%),
- Children receiving services to meet physical and mental health needs (87%),

- Children remaining at home safely whenever possible (82%), and
- Protection of children (81%).

We need to improve in engaging birth parents (especially fathers) in case planning and regularly visiting their children in foster care, continue to improve services to children monitored in their birth homes, and further expedite permanence for children and teens in foster care.

Focus on Improvement

A strength CFSA has developed through child welfare reform is a robust internal capacity for self-evaluation and performance monitoring. For several years, we have continuously reviewed both the quantity and quality of our work with children and families. We are improving dissemination of our findings both internally and throughout the local child welfare community—and using this important information to drive corrective action. Thus, we are now seldom surprised by findings of the many independent authorities who regularly evaluate our performance.

Regular internal and external evaluations all point to a need for diligent, measurable improvement in three areas: **prevention**, **placements**, and **permanence**. These compose the top-priority agenda on which we are focusing attention and resources to improve outcomes for children and families.

Prevention: While CFSA primarily responds to child abuse and neglect, we believe that the District must continue to invest in reducing the incidence of child abuse and neglect – preventing children from ever being harmed. I believe that this is a lesson learned from the Jacks family tragedy: the isolation of Banita Jacks and her children was heartbreaking and unacceptable in a community that cares about children.

- We continue to invest in the neighborhood collaboratives, referring families we assess at low to moderate risk of child abuse and neglect to them for services. This approach meets family needs while preventing involvement with the child welfare system.

- To further strengthen that partnership this spring CFSA and the collaboratives will jointly implement a Partnership for Community-Based Services practice model. As part of strengthening our joint work, CFSA's in-home social workers and supervisors will co-locate with collaborative staff throughout their seven catchment areas.
- With others we support the development of a multi-year **citywide** plan for the prevention of child abuse and neglect, one that involves the expansion and targeted delivery of both formal services and informal supports.

Placements: The District continues to face challenges in providing out-of-home placement options that meet the needs of children and youth in care. We are working on several strategies.

- Studies show that removal is less traumatic when young people remain in their extended family, so we want to significantly increase placement of children and youth with their relatives. Toward that end, CFSA achieved a major breakthrough last month in negotiations with the State of Maryland around the Interstate Compact for the Placement of Children. For the first time, Maryland has approved a waiver that will allow us to place children with their kin in Maryland via a temporary licensing process, as we routinely do in the District.
- We are also working to decrease the number of placement changes children and youth experience during their stay in foster care. A critical support to stable foster care placements is the availability of mental/behavioral health crisis services. The DC Department of Mental Health is currently evaluating proposals for mobile crisis response and short-term, in-patient services. DMH is also evaluating proposals for three to five “choice providers,” core service agencies that will specialize in meeting the unique mental, behavioral, and emotional needs of District children and youth in foster care. Together, these innovations will help reduce placement disruptions. We expect these contract awards to be made in the spring.
- CFSA, the DMH and the Department of Youth Rehabilitation Services, and the DC Public Schools have combined expertise and funding to establish a pilot

program of wraparound services for youth with intensive emotional/behavioral health needs, those at risk for entering residential treatment or transitioning from residential treatment back to the community. Modeled after Milwaukee's best practice program, the procurement for this pilot is now in the proposal evaluation stage. Services are expected to begin no later than August of this year.

- Finally, we know that we cannot do our work without foster families committed to caring temporarily for children committed to the District's care. We must increase the number, diversity and capacity of non-kinship foster families in the District. CFSA has committed to several changes designed to increase their number and proportion, especially District residents willing to provide foster care to teens and sibling groups. Our strategies include unifying internal recruitment, licensing and support resources to better focus our efforts; expanded use of targeted media campaigns conducted jointly with our private agency partners; establishment of numerical targets based upon identified needs; and conduct of a series of activities designed to improve our partnership with current foster families and reinforce their critical importance as members of the team of people caring for children in our care.

Permanence: Finally, we must expedite permanence for children in foster care—and especially for the large number of youth now growing up in the system. Far too many of these youth have no meaningful connections to family or other caring adults. These young people deserve much more.

- Consultants from the Annie E. Casey Foundation's Strategic Consulting Group are working with us to identify and remove barriers to permanency for children and youth in care. Once the initial analysis phase has been completed, we expect to publicly announce goals and strategies for increasing and expediting permanency, especially for older youth, and to increase the use of family-based care for children of all ages.
- The Freddie Mac Foundation, KidSave and Casey Family Services are joining CFSA to sponsor a local Youth Permanency Convening on May 21 at the Convention Center, with the goal of expanding partnerships in support of DC

teens in care and in need of permanent homes and lifelong connections. We will highlight the voices of these youth themselves, and invite participants from business, education, government, health care, and social services to spend the day learning from them about the importance of having committed adults permanently in their lives, and about what they need to overcome the trauma of foster care and become productive members of the community. Modeled after a national youth permanency convening, the second of which will be held here in the District in April, we expect participants to commit to action that will meet the needs of these young people.

Conclusion

In March, I will have served for one year in this leadership role: first as interim, then acting and now permanent director of CFSA. As I reflect upon this journey, I marvel at all that we have accomplished, and humbly acknowledge how much remains to be done. We have made significant strides in achieving quantitative performance benchmarks and have laid the foundation for improved quality – improved outcomes for the children and families we serve. Much of our progress has been a result of continuing and expanded partnerships with other District agencies, the Collaboratives, private providers, oversight authorities, and the community. That commitment is essential if we are to achieve what I believe is possible—a first-class child welfare system for the nation’s capital. Our most vulnerable children and families deserve no less.